

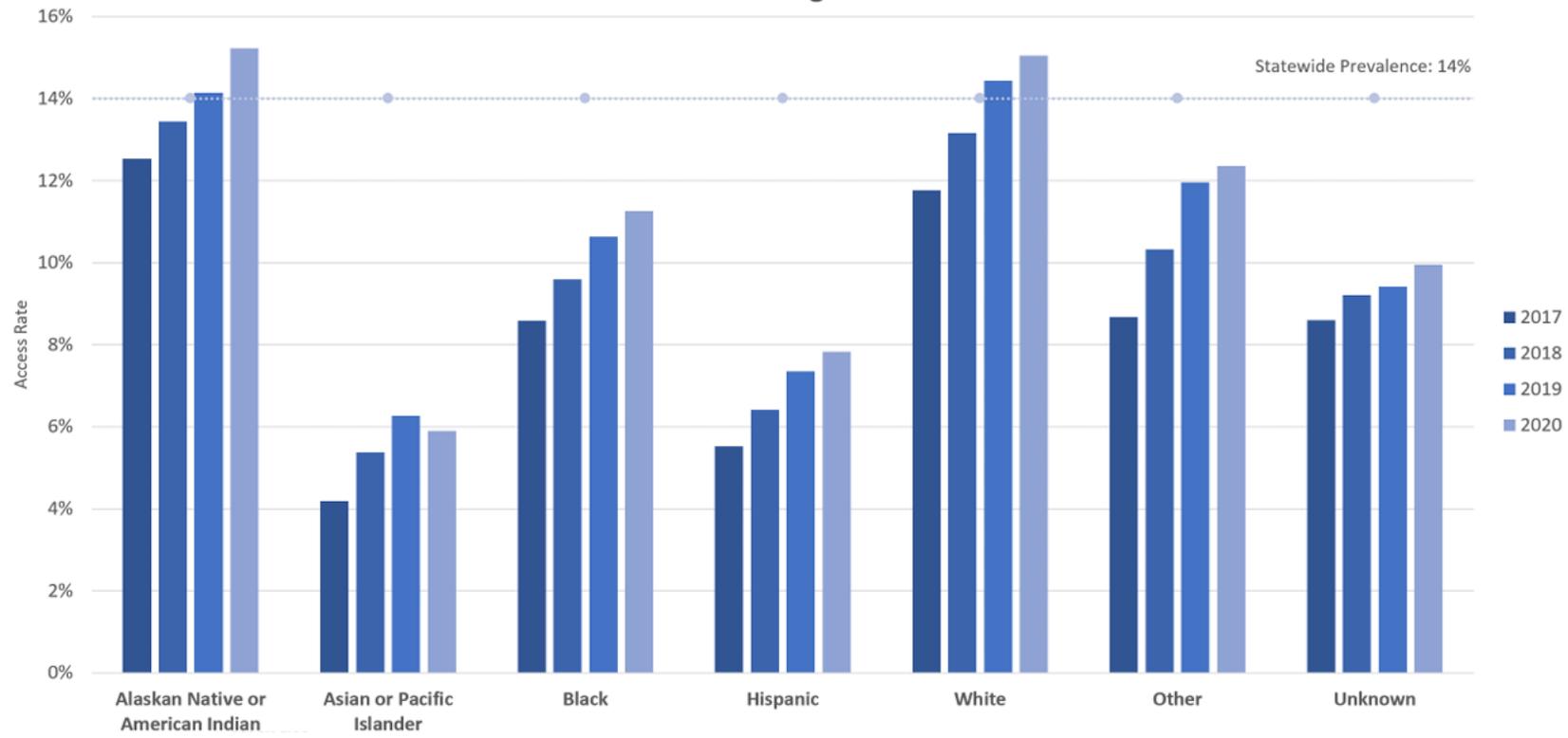
The California Pan-Ethnic Health Network (CPEHN)

Mission: We bring together and mobilize communities of color to advocate for public policies that advance health equity and improve health outcomes in our communities.

Vision: We envision a world in which all communities regardless of *their income, sex, race, ethnicity, primary language, LGBTQ+ status, disability or immigration status*, have the opportunity to live with optimal physical, behavioral, oral, and overall health and well-being, and to thrive. In this system, all patients are treated with the same level of dignity and respect, allowing everyone to achieve the best possible health outcomes.

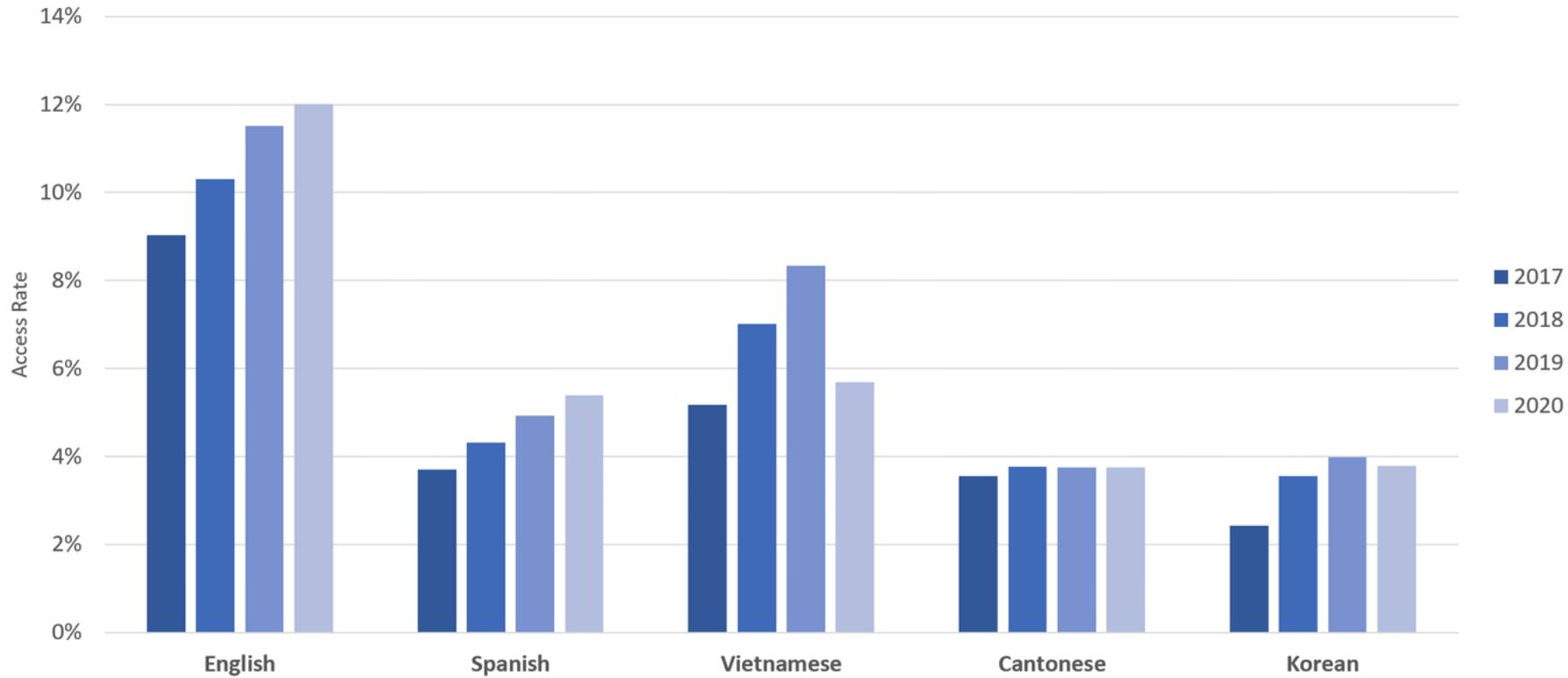
Approach: We center **racial justice**, build **courageous coalitions** and boldly **champion policies** that will make the biggest difference in the health of communities of color.

Non-Specialty Mental Health Services Access Rates by Race/Ethnicity FY 2016-2017 through FY 2019-2020



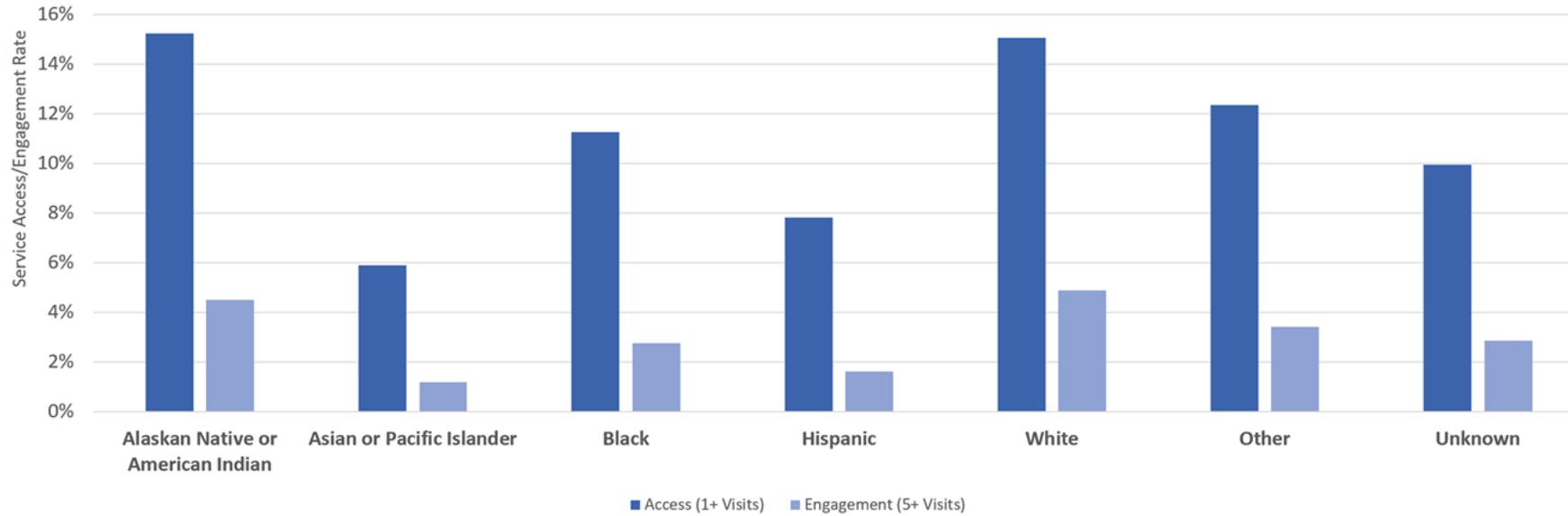
Source: [Medi-Cal Managed Care Plan Mental Health Services](#)

Non-Specialty Mental Health Services Access Rates by Written Language
FY 2016-2017 through FY 2019-2020

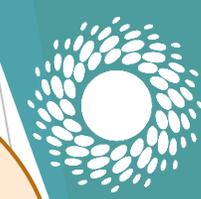


Source: [Medi-Cal Managed Care Plan Mental Health Services](#)

Non-Specialty Mental Health Services Access Rate vs. Engagement Rate Fiscal Year 2019-2020



Source: [Medi-Cal Managed Care Plan Mental Health Services](#)

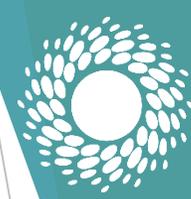


Most importantly, none of the physicians interviewed felt that they had access to adequate non-specialty services for their patients. “I think the biggest [surprise] is not knowing that it existed. Like in my mind, it was like ‘it’s either internal or [the county access line] and I did not know we even had this access to the managed care plan.”

Primary Care Physicians and providers need our help too!

One PCP who serves patients outside of large cities mentioned barriers in finding a provider due to distance. “So I would have seemingly pretty little confidence in being able to refer them in-network, outside of our clinic. I’ve never seen that happen, or [I’m] not clear what that’s supposed to look like.”

When the PCPs were asked how confidently they were in guiding patients to find an in-network mental health provider with their Medi-Cal manager care plan, seven out of ten stated they were “not at all confident” unless the services were provided within the FQHC.



Limited Language Access on the MCP Sites and in the Mental Health Provider Listings.

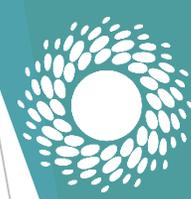
One tester said, *“I believe I was able to explore and identify some mental health providers due to being somewhat knowledgeable on exploring the internet and speaking the English language. I can only imagine what individuals who do not speak English have to experience in trying to find a mental health provider. It would be extremely hard.”*



Community-Defined Evidence Based Practices

“a set of practices that communities have used and determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.”

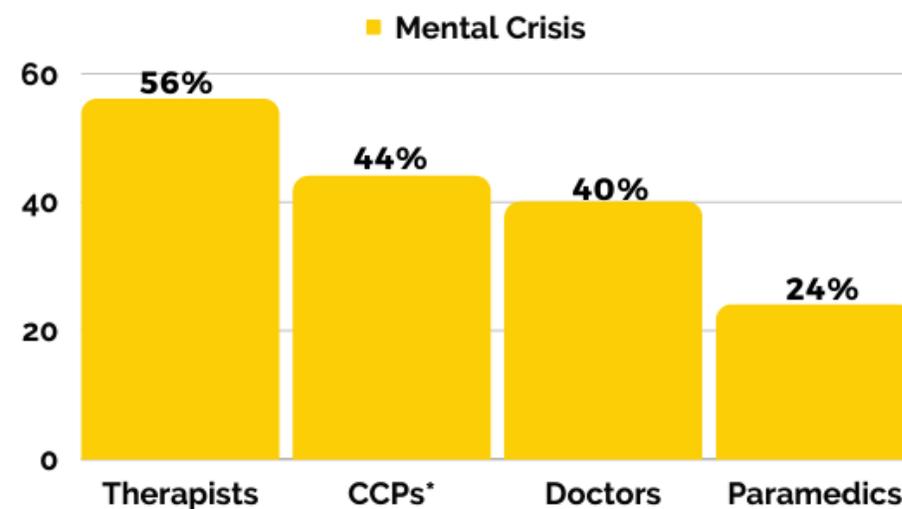
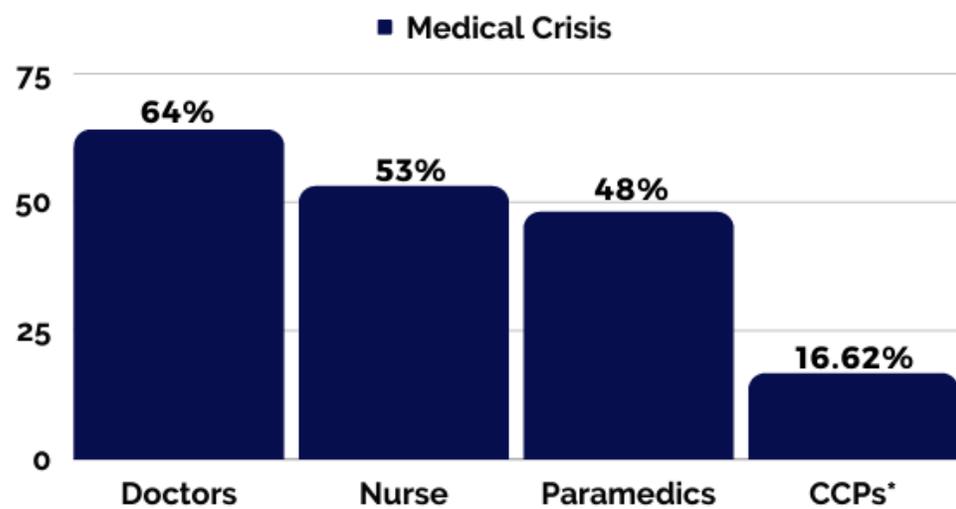




Although overall patient satisfaction with emergency services is high, there is significant variation by race, gender identity, and insurance type.

- ▶ Over 1 in 10 Hispanic/Latinx and Asian respondents have a “somewhat bad” experience with emergency services.
- ▶ Only 10% of gender non-conforming respondents have a “very good” experience versus 44% of male respondents.
- ▶ Only 37% of Medi-Cal recipients have a “very good” experience versus 61% of those insured by private insurance companies.

Most Preferred Providers



Source: [Building Culture and Gender Responsiveness Emergency Services](#)



Thank You!

**For more information, please
visit <https://cpehn.org/>**

**Or contact Andrea Rivera
Senior Legislative Advocate
arivera@cpehn.org**